

Orange County Health Care Agency  
HIV Planning and Coordination  
**Grantee Quality Management Plan FY 2013-14**

**Reviewed and Approved by Quality Management Committee on:** 09/17/13

**HIV Planning and Coordination (Orange County TGA Grantee)**

**Quality Statement:** A quality statement is a brief declaration that provides a vision for the Quality Management (QM) program. The quality statement should include the following elements:

**A brief purpose:** Describe the end goal of your HIV quality program.

**Shared vision:** Takes into account Health Care Agency's internal and external expectation for which all activities will be directed.

**Quality Statement:** The mission of the Orange County Health Care Agency, HIV Planning and Coordination (HIVPAC) Unit's Quality Management Program is to increase the quality of Ryan White services by integrating and supporting Quality Improvement (QI) activities. Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

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**Quality Infrastructure:** How are you organized? Describe the following in your infrastructure:

**Leadership:** The HIVPAC Program Supervisor will act as QM Coordinator for Ryan White services and is responsible for quality management initiatives. The Ryan White QM Committee guides QM and QI initiatives for Ryan White services in Orange County. The QM Committee will be staffed by HIVPAC staff. HIVPAC will be responsible for implementing activities in the Ryan White service delivery system. This includes data collection, evaluation, and analysis of QM-related reports. When appropriate, HIVPAC may invite Ryan White providers, community members, and other stakeholders to assist in reviewing QM materials and implementing activities.

**Quality Committee/s Structure:**

Describe who chairs the QM committee.

Identify who serves on the QM committee, including all key persons and stakeholders.

Indicate frequency of QM committee meetings.

Describe roles and responsibilities of QM committee. Note: Roles and responsibilities have been incorporated under Quality Committee/s Structure section.

**Quality Committee Structure:** The HIVPAC Program Supervisor serves as the chair of the QM committee.

The QM Committee includes up to 12 persons who are dedicated to QI and come from a variety of backgrounds. The committee may include members from the following backgrounds: 1) HIV services providers; 2) HIV prevention providers; 3) clinical service providers; 4) consumers of HIV services who have first-hand knowledge of the needs of people living with HIV and AIDS (three seats); 5) HIVPAC staff (up to three seats); and 6) other individuals who have knowledge about the HIV needs of the community. HIVPAC staff, under the direction of the Program Supervisor serve as the facilitators in coordinating QM activities.

**Roles and Responsibilities:** As of March 2013, the QM Committee currently consists of eleven members in the following categories: HIV service providers, HIV prevention providers, three consumers of HIV services, HIVPAC staff, and two other stakeholders, a clinician and an administrator with expertise in QM and QI. The committee is currently recruiting to fill a vacant seat in the category of other stakeholders. Members are asked to serve a two-year term. The QM Committee meets monthly for approximately two hours. The QM Committee may also work on tasks outside of monthly meetings as necessary.

The following are the tasks of the QM committee:

1. Develop, review, and revise annual QM plan
2. Develop or revise standards of care
3. Review, develop, and revise QM materials (surveys, focus groups, chart review, etc.)
4. Identify QI training topics and help implement trainings
5. Review and revise the client grievance policy and procedures
6. Evaluate findings from data collection (i.e. surveys, focus group findings, chart review, etc.) and develop QI activities based on findings
7. Identify resources and best practices for providers
8. Reports updates from QM Committee to providers

Responsibilities. In order to complete assigned tasks, QM Committee members have the following responsibilities:

1. Attend scheduled meetings and trainings
2. Develop a working knowledge of QM best practices
3. Review client grievances
4. Prepare annual presentation for HIV Planning Council on QM committee goals and accomplishments
5. Assist in recruiting and retaining QM committee members

**Resources:** Orange County QM Committee uses the National Quality Center as the lead resource for the QM program. HIVPAC Program Supervisor and Staff Specialist shall attend trainings regarding QM or QI as funding allows. HIVPAC Program Supervisor and Staff Specialist shall regularly participate on National Quality Center quarterly conference calls and WebEx conferences as appropriate. Notes and highlights from trainings will be maintained as records of attendance. Two consumers on the QM Committee have attended National Quality Center's Training of Consumers on Quality (TCQ).

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**Performance Measurements:**

**Identify Indicators:** See tab titled Performance Measures for Indicators across service categories.

**Collection and Analysis of Data:** Ryan White service providers will collect data through direct data entry or upload into the ARIES database, which is supported by the State Office of AIDS. ARIES is a web-based system used by providers. Analysis of data is done on the provider level as well as by the Grantee. Providers are asked to review their data and provide an analysis on their yearly QM Reports. The Grantee reviews yearly QM Reports, Client Satisfaction surveys, Bi-annual narrative reports, site visits and works with the provider when clarification is needed to identify any areas for improvement.

HIVPAC's Staff Specialist works with all contracted providers to:

1. Review QM Plans and get any necessary clarification or updates
2. Review Bi-Annually Narrative Reports for services being rendered, quality improvement activities, and request for technical assistance
3. Compiles annual summary of outcome measures for QM Committee and Planning Council
4. Review results of Client Satisfaction Survey and present to the QM Committee for follow-up from providers

The QM committee's role based on guidance from HIVPAC:

1. Review, and revise annual QM Plan
2. Evaluate findings from data collection (i.e. surveys, focus group findings, chart review, etc.) and request follow-up from providers based on findings
3. Identify resources and best practices for providers

Site Visits ensures:

1. Provider has established QM program and is meeting its goals
2. Provider documents QM meetings and agendas where client feedback and outcome data is reviewed and a plans for corrective action are documented
3. QM program has developed a process to measure and monitor outcomes and indicators

**Accountability for Articulation of Findings:** The QM Committee under the direction of the HIVPAC Program Supervisor and staff are responsible for reviewing, and analyzing performance data results, and for the articulation of findings.

**Report and Disseminate:** It is the role of HIVPAC to report and disseminate updates on results and findings of performance measures and quality improvement activities. HIVPAC provides updates on QM Committee activity at quarterly all provider meetings. Additionally, HIVPAC communicates individually with each provider to give direct feedback on all reports submitted, and provides summaries on provider specific results of Client Satisfaction surveys and site visit findings and recommendations.

**Data to Identify QI Activities:** Based on analysis and review of data by the provider and HIVPAC, QI activities should be developed within the providers internal QM committee with an end goal to improve services and address identified gaps.

**Annual Quality Goals:** See tab titled Performance Measures for annual quality goals across service categories.

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**Participation of Stakeholders:** The QM Committee is open for membership. Preferred categories include behavioral health provider, clinical staff at medical provider, consumer eligible for Ryan White services, prevention provider, Ryan White provider of core medical service, Ryan White providers of supportive service, other stakeholders, and HIVPAC staff.

**Internal and External Stakeholders:**

Internal Stakeholders:

1. Consumer, Multiple Committee Member
2. Consumer, Multiple Committee Member
3. Consumer, Multiple Committee Member
4. Service Chief, REACH - Behavioral Health Provider
5. Manager, 17th Street Testing Treatment and Care - Ryan White Provider of Core Medical Services
6. Director of Clinical Services, AIDS Services Foundation - Prevention Provider
7. Staff Attorney, Public Law Center - Ryan White Provider of Supportive Services
8. Medical Director, 17th Street Testing, Treatment, and Care - Other Stakeholder
9. Program Supervisor, HCA HIVPAC - Grantee Staff
10. Staff Specialist, HCA HIVPAC - Grantee Staff
11. Staff Specialist, HCA HIVPAC - Grantee Staff

External Stakeholders:

1. HCA, Dental Clinic
2. Asian Pacific AIDS Intervention Team Health Centers
3. Delhi Center
4. Laguna Beach Community Clinic
5. Shanti Orange County

**Opportunities for Learning:** Internal and external stakeholders receive opportunities for learning about quality through NQC trainings and webinars, HIVPAC conducted QM trainings, and QM updates at various committee meetings.

**Community Representatives:** Internal stakeholders include community representatives.

**Stakeholder Feedback:** Feedback from internal stakeholders is directly noted at all QM Committee meetings. In addition stakeholders may give feedback by contacting the Grantee HIVPAC staff directly.

**Evaluation:** Evaluates the effectiveness of the QM/QI infrastructure to decide whether to improve how quality improvement work gets done. Evaluates QI activities to determine whether the annual quality goals for quality improvement activities are met. Reviews performance measures to document whether the measures are appropriate to assess the clinical and non-clinical HIV care.

**Effectiveness of the QM/QI infrastructure:** A survey of CQM Committee members is conducted annually to assess the effectiveness of the committee in meeting its goals.

**QI Activities:** The QM Committee reviews data from the ARIES data base, chart reviews, and the Client Satisfaction Survey to determine whether the annual quality goals for quality improvement are met.

**Review of Performance Measures:** The QM Committee reviews performance measures annually to determine whether measures are appropriate to assess clinical and non-clinical HIV care.

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**Capacity Building:** Capacity building identifies resources and training needs required to implementing a QM program.

**HIVPAC Staff:** HIVPAC Program Supervisor will provide a copy and review the contents of the current QM Plan to all newly hired staff. Meeting highlights from QM Committee meetings will be available to staff and reviewed at monthly staff meetings.

**Provider Staff:**

Quality Management is on the agenda for quarterly all provider meetings where QM information, resources and training opportunities are made known and available. Opportunities are given at quarterly all provider meetings for providers to present QI activities and best practices, and obtain feedback from the Grantee and peer providers.

**QI Trainings:** QI training activities are discussed at the QM committee and HIVPAC staff coordinate and conduct the trainings at the quarterly all provider meetings. Additionally, providers are sent announcements on QM trainings being offered by NQC, and other capacity building partners. NQC webinars are forwarded to all providers for distribution of announcement to all staff.

**Technical Assistance:** HIVPAC staff is available to provider technical assistance at any time per providers request. Providers are asked to report any needs for technical assistance bi-annually on their narrative reports for tracking purposes, and to report on if needs for technical assistance were met. Technical assistance includes but is not limited to; 1) data analysis, 2) database training, 3) identification of quality improvement opportunities, and 4) report compilation.

**Data Fed back:** The QM Committee is facilitated by Grantee. At least half of Orange County's contracted service providers have staff who sit on the committee. The chair of the QM Committee reports the committee's progress to contracted providers during quarterly all provider meetings, and to consumers and other key persons or stakeholders at monthly planning council meetings. Highlights of all QM Committee meetings are available for review. HIVPAC communicates individually with each provider to give direct feedback on all reports submitted, and provides summaries on provider specific results of Client Satisfaction surveys and site visit findings and recommendations.

**Process to Update QM Plan:**

**Routine Update:** The QM Committee reviews the HIVPAC QM Plan annually in it entirety, and updates or makes revisions as needed. Throughout the year parts of the plan, such as performance measure and infrastructure, may be subject to additional review by the QM Committee.

**Accountability to Update and Revise Plan:** The responsibility to update and revise the plan is a joint effort of the QM Committee, whereas, the process to document such revisions and updates falls on the Grantee's HIVPAC staff.

**Sign-off Process:** The QM Plan is considered finalized when a concensus to approve the QM Plan has been reached by members of the QM Committee.

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**Communication:** Outlines process to share information.

**Reporting to Stakeholders:** The QM Committee is facilitated by Grantee. At least half of Orange County's contracted service providers are involved on the QM Committee. The chair of the QM Committee reports the committee's progress to contracted providers during quarterly all provider meetings, and to consumers and other key persons or stakeholders at monthly planning council meetings. Highlights of all QM Committee meetings are available for review.

**Format for Communication:** There are various formats for communication of QM Committee progress including; 1) verbal reports of progress at quarterly all providers meetings; 2) verbal reports of progress at monthly Planning Council meetings; 3) QM Committee meeting highlights; and 4) through e-mail updates.

**Communication Intervals:** Quarterly communication at all provider meetings.  
Monthly communication at planning council meetings.  
QM Committee meeting highlights available upon request.  
E-mail communication as needed.

**QM Plan Implementation:**

**Timeline:** Performance measures are tracked on the Ryan White calendar year March 1, 2013 - February 28, 2014.

**Accountability:** Ryan White service providers are accountable for performance measures related to service categories provided by their agency.

**Milestones:** See tab titled "Annual Quality Goals Summary."

**Orange County HIV Planning and Coordination  
Proposed FY 2013 Orange County QM Outcomes (updated 10/10/13)**

Priority	Service	FY 2013 QM Outcomes				
		Outcome	Indicators	Methodology	Sample	Target %
1	Ambulatory Medical Care	Improvement in health	Increase/maintenance in CD4	ARIES	Clients with at least 2 CD4 tests in 12 month period (significant change is 30%)	90%
			Undetectable HIV viral load	ARIES	Clients on HIV medications with viral load less than or equal to 48 copies/mL	90%
			No new or recurrent opportunistic infections	Chart review	Sample number based on patient load	90%
2	Health Insurance Premium / Cost Sharing Assistance / Emergency Financial Assistance for Medications	Maintenance of prescription medications	Ability to maintain access to prescription medications during the reporting period	Chart review	Clients receiving service in last 12 months	95%
		Maintenance of health insurance	Ability to maintain health insurance during the reporting period	Chart review	Clients receiving service in last 12 months	95%
3	Medical Case Management	Increased ability to get to medical care	Clients report that their case manager usually or always talked to them about specific things they could do to get medical services when they needed	Client Satisfaction Survey	All valid responses	80%
		Decreased psycho-social needs for Medical Case Management clients	Improved or stable acuity scores as assessed by the HIV acuity scale	Chart review of ARIES	Chart review sample number based on client load or Clients with at least 2 acuity scores in 12 month period in ARIES	80%
			Clients reported that they always or usually felt that overall, their life ran more smoothly because of help they got from their case manager	Client Satisfaction Survey	All valid responses	80%
		Met goals stated in individual service plan	Clients report they always or usually felt involved in making decisions about their service needs	Client Satisfaction Survey	All valid responses	80%
	Clients report that their case manager usually or always was good at showing them how they could help themselves		Client Satisfaction Survey	All valid responses	80%	
	Jail Case Management	Increased ability to get to medical care	Jail Case Management clients who receive a medical care visit with a physician within three months of release	Chart review	All jail case management clients released from jail (not including ICE detainees)	90%
	Client Advocacy (also see Referral Services)	Increased ability to get to medical and/or support services	Clients report that they received information they needed to access services	Client Satisfaction Survey (May not be attributable to Client Advocacy services)	All valid responses	80%
Benefits Counseling	Increased understanding/assistance with benefits	Clients report that they usually or always were able to get easy to understand information or assistance regarding their benefit options	Client Satisfaction Survey	All valid responses	90%	
4	Emergency Financial Assistance for Housing	Increased ability to stay in housing	Clients report the service helped them get or stay in housing	Client Satisfaction Survey	All valid responses	90%
	Transitional Housing	Increased ability to stay in housing	Clients report the service helped them get permanent housing	Client Satisfaction Survey	All valid responses	80%
			Clients report the service helped them avoid being homeless	Client Satisfaction Survey	All valid responses	80%
6	Oral Health Care	Increased education regarding oral health	Clients report that the dentist always or usually gave them easy to understand instructions about how to take care of their oral health	Client Satisfaction Survey	All valid responses	80%
		Improved ability to eat	Percentage of clients served who report that oral health services improved their ability to eat	Client Satisfaction Survey	All valid responses	80%

**Orange County HIV Planning and Coordination  
Proposed FY 2013 Orange County QM Outcomes (updated 10/10/13)**

Priority	Service	FY 2013 QM Outcomes				
		Outcome	Indicators	Methodology	Sample	Target %
7	Home Health Care/Home and Community-Based Services	Decreased hospitalization	Clients report that service helped them avoid going to the hospital	Client Satisfaction Survey	All valid responses	80%
		Maintenance of daily activities	Clients report that service helped them maintain their daily activities	Client Satisfaction Survey	All valid responses	80%
8	Food Bank	Maintenance of weight	Clients report this service helped them gain or maintain appropriate weight	Client Satisfaction Survey	All valid responses	80%
		Increased ability to take medications	Clients report this service helped them take their medications that need to be taken with food	Client Satisfaction Survey	All valid responses	80%
	Home Delivered Meals	Maintenance of weight	Clients report this service helped them gain or maintain appropriate weight	Client Satisfaction Survey	All valid responses	80%
		Increased ability to take medications	Clients report this service helped them take their medications that need to be taken with food	Client Satisfaction Survey	All valid responses	80%
9	Mental Health: Individual Counseling	Development of individual treatment plan	Client charts include completed individual treatment plan	Chart Review	30 charts per provider	95%
		Met goals stated in individual treatment plan	Clients report that they always or usually met goals set with their therapist	Client Satisfaction Survey	All valid responses	80%
	Mental Health: Group Counseling	Increased ability to cope with HIV Disease	Clients report that this service helped them to better cope with their HIV disease	Client Satisfaction Survey	All valid responses	80%
10	Nutritional Supplements (HRSA - Food Bank)	Gaining or maintenance of weight	Clients report that this service helped them to gain or maintain appropriate weight	Client Satisfaction Survey	All valid responses	80%
11	Medical Transportation	Increased ability to get to health care appointments	Clients report that services helped them to get to doctor's appointments they might have missed	Client Satisfaction Survey	All valid responses	95%
			Clients report that services helped them to get to dentist's appointments they might have missed	Client Satisfaction Survey	All valid responses	95%
			Clients report that services helped them to get to appointments with their therapist they might have missed	Client Satisfaction Survey	All valid responses	95%
			Clients report that services helped them pick up medication they would not have been able to pick up	Client Satisfaction Survey	All valid responses	95%
13	Legal Services	Increased understanding of legal rights	Clients report that legal service staff always or usually provided easy to understand information about their legal rights	Client Satisfaction Survey	All valid responses	80%



**Orange County HIV Planning and Coordination  
Proposed FY 2013 Orange County QM Outcomes (updated 10/10/13)**

Priority	Service	FY 2013 QM Outcomes				
		Outcome	Indicators	Methodology	Sample	Target %
	Referral Services	Improved ability to access services	Clients report that providers asked them about their life situation (housing, finances, etc.) and made a referral if they needed help	Client Satisfaction Survey	All valid responses	80%
			Clients report that providers asked them about how they were feeling emotionally and made a referral to a mental health provider, counselor, or support group if they needed help	Client Satisfaction Survey	All valid responses	80%
			Clients report that providers asked them about their teeth and made a referral if they needed a dentist	Client Satisfaction Survey	All valid responses	80%
			Clients report that providers asked them about whether they needed help to tell their potentially exposed (sexual or needle sharing) partners about their HIV status and made a referral if they needed help	Client Satisfaction Survey	All valid responses	80%
			Clients report that providers asked them about their drug and alcohol use and made a referral if they needed help	Client Satisfaction Survey	All valid responses	80%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Three different types of methodology were used in compiling the Quality Management Outcome Report:**

ARIES: Indicates review of all valid records in the ARIES client database. Sample size refers to number of clients reviewed in database.

Chart Review: Indicates review of random sample of valid client charts reviewed by the provider. Sample size refers to number of charts reviewed.

Survey: Indicates review of all valid responses from the last Client Satisfaction Survey in 2012. Sample size refers to number of valid responses.

**Service Priority 1: Outpatient/Ambulatory Medical Care**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Improvement in health	<i>Two CD4 tests conducted within measurement year<sup>1</sup></i>	ARIES	1,679	1,294	77%	90%
	<i>Increase/maintenance in CD4</i>	ARIES	1,294	1,202	93%	90%
	<i>Undetectable HIV viral load</i>	ARIES	1,485	1,194	80%	90%
	<i>No new or recurrent opportunistic infections</i>	Chart Review	155	155	100%	90%

<sup>1</sup> Measurement eliminated in FY 2013-14.

**Service Priority 2: Health Insurance Premium / Cost Sharing Assistance / Emergency Financial Assistance for Medications**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Maintenance of prescription medications	<i>Ability to maintain access to prescription medications during the reporting period</i>	Chart Review	22	22	100%	95%
Maintenance of health insurance	<i>Ability to maintain health insurance during the reporting period</i>	Chart Review	26	26	100%	95%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 3: Case Management**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased ability to get medical care	<i>Clients report that their case manager usually or always talked to them about specific things they could do to get medical services when they needed</i>	Survey	217	199	<b>92%</b>	80%
	<i>Two CD4 tests reported within measurement year<sup>1</sup></i>	ARIES	2,260	1,766	<b>78%</b>	80%
Decreased psycho-social needs	<i>Improved or stable acuity scores as assessed by the HIV acuity scale</i>	ARIES	129	112	<b>87%</b>	80%
	<i>Clients reported that they always or usually felt that overall, their life ran more smoothly because of help they got from their case manager</i>	Survey	215	197	<b>92%</b>	80%
Met goals stated in individual service plan	<i>Clients report they usually or always felt involved in making decisions about their service needs</i>	Survey	217	193	<b>89%</b>	80%

<sup>1</sup> Measurement eliminated in FY 2013-14.

**Services Priority 3.1: Jail Case Management**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Client had a medical care visit within three months release from jail.	<i>Client had a medical care visit within three months release from jail.</i>	Chart Review	Unable to Report	N/A	<b>N/A</b>	90%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 4: Housing**

**4.1 Emergency Financial Assistance - Housing**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased ability to stay in housing	<i>Clients report the service helped them get or stay in housing</i>	Survey	77	63	<b>82%</b>	90%

**4.2 Transitional Housing**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased ability to stay in housing	<i>Clients report the transitional housing staff gave them easy to understand information about their options for transitional housing</i>	Survey	35	30	<b>86%</b>	80%
	<i>Clients report they were involved in making plan for stable housing</i>	Survey	34	30	<b>88%</b>	80%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 6: Oral Health Services**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased education regarding oral health	<i>Clients report that the dentist usually or always gave them easy to understand instructions about how to take care of their oral health</i>	Survey	242	212	<b>88%</b>	80%
Improved ability to eat	<i>Percentage of clients served who report that oral health services improved their ability to eat</i>	Survey	201	184	<b>92%</b>	80%

**Service Priority 7: Home Health Care / Home and Community Based Health Services**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Decreased hospitalization	<i>Clients report that service helped them avoid going to the hospital</i>	Survey	24	21	<b>88%</b>	80%
Maintenance of daily activities	<i>Clients report that service helped them maintain their daily activities</i>	Survey	26	24	<b>92%</b>	80%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 8.1: Food Bank**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Maintenance of weight	<i>Clients report this service helped them gain or maintain appropriate weight</i>	Survey	100	89	<b>89%</b>	80%
Increased ability to take medications	<i>Clients report this service helped them take their medications that needed to be taken with food</i>	Survey	99	88	<b>89%</b>	80%

**Service Priority 8.2: Home-Delivered Meals**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Maintenance of weight	<i>Clients report this service helped them gain or maintain appropriate weight<sup>2</sup></i>	Survey	22	14	<b>64%</b>	80%
Increased ability to take medications	<i>Clients report this service helped them take their medications that needed to be taken with food</i>	Survey	24	19	<b>79%</b>	80%

<sup>2</sup> In FY 2011-12, achieved outcome was 100% (14 of 14).

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 9: Mental Health Services**

**Individual Counseling**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Development of individual treatment plan	<i>Client charts include completed individual treatment plan</i>	Chart Review	70	70	<b>100%</b>	95%
Met goals stated in individual treatment plan	<i>Clients report that they usually or always met goals set with their therapist</i>	Survey	128	109	<b>85%</b>	80%

**Group Counseling**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased ability to cope with HIV Disease	<i>Clients report that this service helped them to better cope with their HIV disease</i>	Survey	108	105	<b>97%</b>	80%

Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 10: Nutritional Supplements**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Gaining or maintenance of weight	<i>Clients report that this service helped them to gain or maintain appropriate weight</i>	Survey	51	47	<b>92%</b>	80%

**Service Priority 11: Medical Transportation Services**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased ability to get to health care appointments	<i>Clients report that services helped them to get to appointments (doctor, dental, therapy, etc.) they might have missed</i>	Survey	100	97	<b>97%</b>	80%



Orange County Health Care Agency  
HIV Planning and Coordination  
**Ryan White FY 2012-13 Quality Management Outcome Report**

**Service Priority 13: Legal Services**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Increased understanding of legal rights	<i>Clients report that legal service staff usually or always provided easy to understand information about their legal rights</i>	Survey	62	55	<b>89%</b>	80%

**Referral Services**

Outcome	Indicator	Methodology	Sample Size	Achieved Outcome		Target
				No.	%	%
Improved ability to access services	<i>Clients report that their provider or case manager asked them about their life situation (housing, finances, legal issues, etc.) and made a referral if needed</i>	Survey	230	199	<b>87%</b>	80%
	<i>Clients report that their provider or case manager asked them about how they were feeling emotionally and made a referral to a mental health provider, counselor, or support group if needed</i>	Survey	221	198	<b>90%</b>	80%
	<i>Clients report that their provider or case manager asked them about their teeth and made a referral if needed</i>	Survey	219	189	<b>86%</b>	80%
	<i>Clients report their provider or case manager asked them if they needed help to tell potentially exposed (sex or needle sharing) partners about their HIV status and made a referral if needed</i>	Survey	160	129	<b>81%</b>	80%
	<i>Clients report that their provider or case manager asked them about drug and alcohol use and made a referral if needed</i>	Survey	161	137	<b>85%</b>	80%